

Doula Clients Form

If applying using two years' previous experience prior to Jan. 1, 2026, list the service date range and initials of five to ten clients served.

Upload completed form to your [online application](#) or email to dlibsdhlp@mt.gov.

Applicant name: _____

License or application number (if known): _____

Email address: _____

Phone number: _____

Client's Initials	Start Date of Services	End Date of Services
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I the undersigned attest that the data reported on this form is true and meets the doula licensure requirements in Montana statute and rule.

Signature: _____

Date: _____